



Where the mind is at peace and senses awake -a guide booklet for multisensory nature-based exercises among mental health rehabilitees in Helsinki.

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The purpose of the thesis was to produce a multi-sensory nature guide for the use of mental health rehabilitees in the Helsinki metropolitan area. The aim of the thesis was to support the well-being of mental health rehabilitees and increase their awareness of the positive holistic well-being effects of nature through multisensory nature-based exercises. The aim of the thesis was also to promote the professional growth of the writer of the thesis through functional research. The thesis was implemented as a functional thesis, which consisted of a guide booklet and a report. The pilot group for the guide booklet consisted of Niemikotisäätiö's Malmi day activity centres' clients and valuable feedback regarding it was received from the centre's personnel.

The theoretical framework, collected from diverse sources utilizing source criticism, consisted of information regarding Mental health services in Finland, the Recovery orientation framework, nature-based methods as well as of sensory function. The theoretical basis has been. The functional part of the thesis was implemented as a guide booklet, as it was considered as the best option to reaching the target group. The guide booklet contains information about nature in Finland and in the capital region, about the positive health and well-being effects of nature, multisensory exercises, as well as about freedom to roam and nature-friendly hiking rules.

The guide booklet was evaluated using a semi-structured feedback questionnaire that included six questions and two sub-questions. Feedback was primarily planned to be collected from the day activity centre's clients, but due to the current COVID-19 pandemic, it was collected from the personnel instead. Feedback was analysed using content analysis. Based on the feedback, the guide booklet was considered successful and achieved its goals well, and it is to be introduced in other units of the foundation around Helsinki as well. The development proposals emphasised the multiplication of multisensory exercises. In addition, translating the guide booklet into English and Swedish, for example, was seen as relevant.

Keywords: Nature-based methods, Mental health, Mental health services, Multisensory, Recovery approach

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54

Opinnäytetyön tarkoituksena oli tuottaa moniaistinen luonto-opas mielenterveyskuntoutujien käytettäväksi pääkaupunkiseudulla. Opasvihkosen tarkoituksena on tukea mielenterveyskuntoutujien hyvinvointia ja lisätä heidän tietoisuuttaan luonnon positiivisista, kokonaisvaltaisista hyvinvointivaikutuksista moniaististen luontolähtöisten harjoitusten avulla. Opinnäytetyön tavoitteena oli myös edistää opiskelija ammatillista kasvua toiminnallisen tutkimustyön avulla. Opinnäytetyö toteutettiin toiminnallisena opinnäytetyönä, joka koostui opasvihkosesta ja raportista. Opasvihkosen pilottiryhmä koostui Niemikotisäätiön Malmin päivätoimintakeskuksen palvelunkäyttäjistä ja sitä koskien saatiin arvokasta palautetta päivätoimintakeskuksen henkilökunnalta.

Opinnäytetyön kirjallinen osa sisältää tietoa mielenterveyspalveluista Suomessa, toipumisorientaatio-viitekehystä, luontolähtöisistä menetelmistä sekä aistitoiminnasta. Teoreettinen perusta on kerätty erilaisista lähteistä lähdekritiikkiä hyödyntäen. Opinnäytetyön toiminnallinen osa toteutettiin oppaana, koska sitä pidettiin parhaana vaihtoehtona kohderyhmän saavuttamisen kannalta. Opasvihkonen sisältää tietoa luonnosta Suomessa ja pääkaupunkiseudulla, luonnon positiivisista terveys- ja hyvinvointivaikutuksista, monisensoriharjoituksista, jokamiehen oikeuksista ja luontoystävällisistä retkeilyseurustuksista.

Opasvihkonen arvioitiin käyttämällä puolistrukturoitua palautekyselyä, joka sisälsi kuusi kysymystä ja kaksi alakysymystä. Palaute piti ensisijaisesti kerätä päivätoimintakeskuksen palvelunkäyttäjiltä, mutta nykyisen COVID-19-pandemian vuoksi se kerättiin sen sijaan henkilöstöltä. Palaute analysoitiin sisällönanalyysin avulla. Palautteen perusteella opasvihkosta pidettiin onnistuneena ja sen katsottiin saavuttaneen tavoitteensa hyvin. Opas-vihkonen on myös tarkoitus ottaa käyttöön myös muissa Niemikotisäätiön yksiköissä Helsingissä. Kehitysehdotuksissa korostettiin opasvihkosen kääntämistä esimerkiksi englanniksi ja ruotsiksi.

Avainsanat: Luontolähtöiset menetöt, Mielenterveys, Mielenterveyspalvelut, Moniaistisuus, Toipumisorientaatio

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1 Introduction

In this thesis, I will focus on describing the utilisation of nature-based multisensory exercises in recovery-oriented outpatient mental health work. The target group consists primarily of adult mental health rehabilitees in the Helsinki metropolitan area who are at the end of their recovery process. The thesis is functional by nature, and thus, my goal was to produce a nature guide booklet tailored to meet the needs of the target group. The guide booklet aims at providing comprehensive information about the positive health effects of nature as well as material for utilising and enjoying the local nature through multisensory exercises.

While mental health services form a compact entirety in Finland, concerning this thesis, it is relevant to analyse those focusing on rehabilitation, more specifically on outpatient rehabilitation services. The framework and methods used in mental health work can play a significant role in the rehabilitation process of clients. As the recovery approach is gaining prominence in the service system, five elements are defined central to the recovery process: hope, connection, meaningfulness in life, empowerment, and development of internal resources and positive identity. As a result, rehabilitation practices are shifting from diagnosis-centred practices towards individual-focused ones, changing the whole concept of recovery more humane simultaneously.

At the same time, the use of nature-based methods, and more specifically, those of Green Care, is also increasing in the field of social and health care. Nature's positive impact on health and well-being through, for example, stress reduction and increased social inclusion and self-determination are some of the most noteworthy factors supporting its utilisation in the work field accordingly. Combining the aforementioned topics with the concept of multisensory form the basis for this functional thesis, followed by reflections on the ethics and reliability of the thesis and potential further research and development ideas.

2 Thesis implementation process

In this chapter, I will discuss the objectives and purpose of the thesis and introduce the working life partner. My thesis is a development-oriented functional thesis, which, due to its qualitative research data collection and analysis methods, also has features of a theoretical thesis.

2.1 Functional thesis

In a professional field, a functional thesis, and more specifically development-oriented thesis focuses on instructing or organising practical activities (Vilka & Airaksinen 2003).

Development-oriented theses can be divided into two main categories as follows: product development, i.e., production and development-based project. Depending on the field of profession, a development-based functional thesis can translate into instruction and guidance aimed at professional practice. Depending on the target group, the implementation method can be a poster, guide booklet, book or event, for instance (Vilkkä 2007). As my goal is to produce a guide booklet, the functional part of the thesis translates into product. Product development consists of the process of designing and manufacturing a product, testing or implementing, evaluating and ultimately, possibly marketing it (Kohti tutkivaa ammattikäytäntöä 2010). The outcome of the production should be a new, concrete product or service tailored to a specific target group and it should be used to develop capabilities for practical operations (Kohti tutkivaa ammattikäytäntöä 2010, Salonen 2013).

In the context of this thesis, the functionality refers to My aim was to produce a nature-based guide booklet for the target group, which takes into account the clients' own wishes and ideas in addition to the relevant theoretical background and analysis. The guide booklet includes information regarding nature and environment in general, as well as about the surrounding nature of the Helsinki metropolitan area, nature-themed multisensory exercises, and about promotion of health and well-being. Consequently, the objective of this thesis is to support the rehabilitation process of the clients of Niemikotisäätiö's Malmi day activity centre, as well as other mental health rehabilitees, through multisensory nature-based exercises described in the final product. The aim is also to raise the awareness of the target group about the positive effects of nature on health and well-being holistically speaking.

2.2 Working life partner Niemikotisäätiö

Founded in 1983, Niemikotisäätiö (Swedish: Stiftelsen Uddhemmet) carries out social psychiatric mental health rehabilitation work as well as preventative mental health work by organising a variety of rehabilitation services and social counselling in respect to its ethical principles for Helsinki-based, adult mental health rehabilitees. The foundation has a total of 25 units located around the city of Helsinki, serving approximately 1600 service users. In practice, this translates into housing services, day and work activities, vocational services and recreational services, for instance. The foundation implements the objectives of the Housing Finance and Development Centre of Finland (ARA) in order to orientate housing policies aimed at the clients to gradually move from housing units to decentralised housing in the so-called regular housing stock. (Hynynen 2005 31, Hulkkonen 2011, Niemikotisäätiö 2018, Niemikotisäätiö 2019.) The services provided by Niemikotisäätiö are of general interest, making it non-profit by nature. Niemikotisäätiö is also subsidiary of the city of Helsinki, making it part of the Helsinki City Group (Helsingin kaupunkikonserni) (Niemikotisäätiö 2020, Helsingin kaupunki 2020).

The Foundation's annual policy approach emphasises, among other things, the central role of clients in the foundation's development and the importance of recovery-oriented practice as the frame of reference. In fact, Niemikotisäätiö has played a rather essential role nation-wide in launching recovery approach training in Finland and has organised introductory modules related to it in cooperation with Helsinki Summer University, for example. At the same time, the foundation does exemplary environmental work and has earned the Eco-Compass certificate throughout the years. Also, digitalisation is becoming part of the core business with e-learning courses and 3d-printing in 'Mieli töihin' training unit, for instance. (Niemikotisäätiö 2018, Niemikotisäätiö 2019.)

2.3 Service environment -Malmi day activity centre

Equal to the foundation's general policies, Malmi day activity centre provides activities for Helsinki-based, adult outpatient mental health rehabilitees. The focus is on promoting the empowerment, social inclusion and quality of life of the clients. The client group consists mainly of middle-aged clients. Prior to COVID-19, approximately 25 clients took part in activities on daily basis, whereas the total amount of clients on daily basis is currently approximately five. The Malmi day activity center provides plenty of meaningful activities for its clients, which are often based on art, music and nature, for instance. In addition, daily housekeeping activities form the core of the daily schedule. The aim is thus at offering the clients an opportunity to practice and maintain relevant everyday skills, such as time-management skills, social skills and practical housekeeping skills, et cetera. (Niemikotisäätiö 2018.)

Performance of all of the aforementioned tasks is voluntary by nature, i.e., the clients do not need to take part in any of the activities, yet as the tasks are considered important among the service users, they are fulfilled accordingly. In principle, there are two social and health care professionals working at the day activity centre. In addition, prior COVID-19, an art therapist would hold art groups once a week, and several peer instructors would organise various group activities for the clients, such as community singing and piano lessons. Also, students of the fields of, for example, nursing, physiotherapy, occupational therapy and social services, would organise activities for the clients occasionally. (Niemikotisäätiö 2018.)

3 Mental Health and illnesses

In this chapter, I will be focusing on defining mental health and mental illnesses as well as taking a brief close-up on the prevalence of mental illnesses. Let it be known that throughout this thesis, I will be using the words 'health' and 'well-being' interchangeably due to their reciprocal nature, as further explained below.

Defining mental health, as well as illnesses and disorders related to it change in a stream of time. They are largely linked to historical, political, cultural and, for example, geographical factors. Consequently, definitions of mental health as well as mental illnesses have also evolved over time, which may differ much from current, so-called international definitions. According to Sohlman, Immonen and Kiikkala (2005), in the so-called traditional model of defining mental health, mental health and mental disorders are considered as the opposite polars of the same continuum -deterioration of one strengthens the other and vice versa. However, according to the newer model, these are two different concepts that can be equally strongly present in an individual's life simultaneously. On the other hand, it is not self-evident that the concept of mental health would even be fully recognised or approved around the world even in the early 2020s, let alone the mental illnesses and disorders.

However, today in several Western countries, and therefore also in Finland, mental health is relatively commonly referred to, as defined by the World Health Organization (2004), as a state of mental well-being in which individuals are able to realise their potential and utilise their internal resources in their own private lives as well as in their professions, and to function in accordance with the public interest as part of their surrounding communities, as well as to cope with everyday stressors accordingly. Thus, mental health can be seen as part of holistic health and well-being; it is in constant, reciprocal interaction with physical and social dimensions of health, and it may construct and change at the micro level through an individual's own subjective experiences and at the macro level as a result of, for example, prevailing social and societal norms and values. In other words, for example, biochemical reactions and sociocultural factors may have both positive and negative effects on mental health and health and well-being in general.

Potential mental health determinants		
Level	Adverse factors	Protective factors
Individual attributes	Low self-esteem Difficulties in communicating Medical conditions Substance abuse Heredity	Sufficient self-esteem Adequate level of resilience and problem-solving skills Interpersonal skills Good physical health
Social circumstances	Social exclusion Neglect, family conflicts Exposure to violence/abuse Low income and poverty Lack of education Work-related stress, unemployment	Good social networks and support Positive family interaction Physical security and safety Economic security Scholastic achievement Satisfaction at work

Environmental factors	Poor access to basic services Sexuality, ethnicity or gender-based inequality and discrimination e.g., Exposure to war or disaster	Equality of access to basic services Social justice Social integration Social and gender equality Physical security and safety
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Figure 1: Mental health determinants. Adapted from World Health Organization 2004a.

3.1 Mental illnesses and disorders

Alongside positive, balanced mental health, due to the sum of various factors and circumstances, such as environmental factors or heredity, the human mind can also become destabilised and shaken. Whereas the mental health of each of us can be temporarily strained in everyday life, mental illnesses and disorders can at worst cause, for example, more permanent deterioration of general functioning and quality of life (Huttunen 2017). In general, mental illnesses and disorders manifest themselves in many different ways, and even if no common symptoms could be identified among them, they can still be commonly referred to as various psychiatric disorders that can be classified according to the symptoms and severity (Huttunen 2017, Terveyden ja hyvinvoinnin laitos 2019 a, World Health Organisation 2019). According to The International Classification of Diseases 10th vision (ICD-10), mental and behavioural disorders include, for example, schizophrenia, schizotypal personality disorder, delusional disorders, acute and transient psychotic disorders, eating disorders, bipolar disorder, and compulsive disorder (World Health Organization 2019).

Despite such mental illnesses and disorders, people are fundamentally characterised by the ability to feel different emotions. Although feelings and emotions are rather humane matters, there can be challenges in regulating and controlling them in the daily lives of each of us. However, for many people with mental disorders, controlling emotions can be particularly challenging; for example, one of the core features of borderline personality disorder is the challenge of regulating emotions and moods. Kraiss, Klooster, Moskowitz & Bohlmeijer (2020) define emotion regulation as ways in which individuals can consciously or unconsciously control and modulate the amount and extent of both positive and negative emotions in order to accomplish specific objectives. While emotion regulation is, to a certain extent, a learnable ability, sometimes there can be, for example, such traumatic experiences behind certain feelings and emotions that individuals alone simply cannot cope with and control them. At the same time, it is good to remember that resilience (and its stages), defined by the World Health Organization (2004, 20 & 2017) as the ability to cope with and adjust to significant stress and stressors, may vary largely between individuals.

3.2 Prevalence of mental illnesses and disorders

Mental illnesses are by no means only faced by individuals themselves but can also be considered as significant phenomena on the societal as well as global level. In the European Union, for example, about one in six people suffered from mental health-related problems in 2016, which translates to approximately 84 million people (OECD/EU 2018, 21-22). By country, the estimated incidence of mental health disorders was the highest in Finland and the Netherlands, where at least 18,5 percent of the population had been diagnosed with at least one mental health disorder (OECD/EU 2018, 21-22). At the same annual level, about 1,5 percent of Finns suffer from a mental health disorder (Huttunen 2017).

In Finland, mental health-related illnesses and disorders as well as substance abuse also constitute significant public health problems related to, for example, incapacity for work (Sosiaali- ja terveystieteiden ministeriö 2016, 21). In year 2019, the major groups causing incapacity for work consisted of mental illnesses by 43 percent, which translates into approximately 58000 people (Suomen työeläkkeensaajat 2019, 9). At the same time, the annual cost of mental illnesses and disorders is estimated at around six billion euros (Wahlbeck, Hietala, Kuosmanen, McDaid, Mikkonen, Parkkonen, Reini, Salovuori & Tourunen 2018). The most instant and severe disadvantages of mental illnesses and disorders are still faced by the individuals themselves, as mental illnesses often go hand in hand with, for example, social exclusion, substance abuse and declining in standard of living (Niemelä & Saari 2013).

4 Mental health services in Finland

In this chapter, I will be briefly describing the service field of mental health work in Finland, as the continuous changes concerning it have shaped the service field to its current form, while at the same time significantly affecting the daily lives of many of the service users. Understanding the services provided and methods applied may also result in more comprehensive perception of the chosen topics and their relation to mental health promotion.

In accordance with the Nordic welfare model, the public sector in Finland, more specifically municipalities, have so far been responsible for organising mental health and substance abuse services aimed at promoting holistic health and well-being at both the individual and societal levels, and reducing the causes of mental illnesses and disorders as well as substance abuse (Sosiaalihuoltolaki 2014/1301 §24, §25, Terveystieteidenhuoltolaki 2010/1326 §27, §28). Although the responsibility for organising mental health and substance abuse services lies primarily with the public sector, actors in the third sector play an important role, especially in the provision of low-threshold services throughout Finland (Peltosalmi, Eronen, Litmanen, Londén, Näätänen, Ruuskanen & Selander 2018). In addition, private sector actors, such as providers of

occupational health care and specialist medical services, operate as part of the service package (Terveyden ja hyvinvoinnin laitos 2019). Mental health services include, for example, social counseling and psychosocial support, research, preventative social and health care, treatment and rehabilitation of mental disorders and illnesses, harm-reduction social services as well as substance abuse services (Sosiaali- ja terveystieteiden ministeriö, Partanen, Holmberg, Inkinen, Kurki & Salo-Chydenius 2015). Equally, the municipality's social welfare must primarily provide housing services, home services and rehabilitative work activities for mental health rehabilitees (Sosiaali- ja terveystieteiden ministeriö 2019). Thus, mental health services are not only relevant in the field of psychiatry for example but cover the entire social and health care system in one way or another.

4.1 Outpatient services

Most mental health and substance abuse services are organised primarily as outpatient services in Finland, but also, for example, as part of specialist medical care. In practice, outpatient care includes various support services, depending on the place of residence and the client's needs, such as supported housing services, rehabilitative day activities, outreaching social and health care services, supported employment and other service packages that should, ideally, always be tailored to match the needs of individuals (Sosiaali- ja terveystieteiden ministeriö, Terveyden ja hyvinvoinnin laitos). In Helsinki, such services are provided and organised by Niemikotisäätiö, for instance.

In Finland, there have been about 20,000 beds in most psychiatric hospitals, but today there are only about 3,500 left (Terveyden ja hyvinvoinnin laitos 2020). The shift from institutional care to outpatient care occurred with varying results of success at the turn of the 1980s and 1990s due to the so-called deinstitutionalisation. This ultimately led to a direct imbalance in the service chain, with hospital services dismantling faster than outpatient care was built and, simultaneously, the development of outpatient support functions lagging far behind plans (Hyvönen 2008, 142). Today, the proportion of clients/patients with involuntary commitment to psychiatric facilities is still exceptionally high in Finland, which has been considered to indicate problems in the availability and adequacy of outpatient care (Wahlbeck et al. 2018, 15). Although arguably one of the main motivations for deinstitutionalisation has been to reduce the stigma of outpatient care and increase clients' self-determination, it is relevant to ask whether outpatient care in the Finnish mental health system inadvertently leaves the most vulnerable individuals stranded -even in the beginning of 2020s.

4.2 Mental health rehabilitation

The traditional approach to mental health, mental illnesses and problems, as well as to treatments related to them, had for a long time been based unilaterally on clinical, disease- and diagnosis-centred variables such as the effects of medication on symptoms and individual

behaviour (Pietikäinen 2013, Dawson, Rhodes & Touyz 2014). In such client-professional relationships, power relations have often been quite unequal, as professionals may have used power over clients rather than power within them, while at the same time the space for clients' sense of independence had long been underestimated and belittled; such prolonged patronage may have caused feelings of passivity and insignificance on the part of the rehabilitees (Pietikäinen 2013). In the traditional approach to mental health services, it has been forgotten that, despite illnesses and disorders, an individual is always more than the sum of his/her/their diagnosis. Every human being should therefore be seen as a holistic and sentient individual.

As this thesis is written in English, I find it relevant that the differences between Finnish and English terminology are taken into account at the beginning of this chapter. The English word 'rehabilitate' translates to the Finnish word 'kuntouttaminen', which refers to the rehabilitative actions performed by external factors, such as professionals, while the Finnish word 'kuntoutuminen', refers to a more individual-centred process, during which the individuals themselves function as active part-takers in their own rehabilitation processes. Similarly, the English word 'rehabilitatee' is defined as 'one who is in the process of being rehabilitated', or 'a person who is being restored to normal life through training, therapy, etc.' (Merriam-Webster, Lexico), whereas in Finnish the connotations of the words 'kuntoutuja' and 'kuntoutettava' differ a lot, as the latter leaves the individual with little leeway and unbalanced client-professional power-relations. It is important to pay attention to the type of terminology being used in mental health work, as it can be perceived as activating or passivating, degrading or empowering. In this thesis, which is written in English, I will always refer to the Finnish words 'kuntoutuminen', and 'kuntoutuja', although there are no direct equivalents to the words in English. In addition, when defining rehabilitation, my aim is to address the topic from the perspective of the individual, instead of through the service system -I find it relevant as rehabilitation should always be based on the individual's own needs, dreams and goals.

Finally, mental health rehabilitation is a fairly new term introduced in Finland in the 21st century, which refers to a multidisciplinary set of rehabilitation services, including clinical and social rehabilitation, designed in cooperation with the rehabilitees according to their individual needs (Järvikoski 2013, 51). In practice, this should ideally refer to the professionals acting as the rehabilitees 'partners', whose task is to support, motivate and encourage the individuals in setting and achieving rehabilitation goals throughout the process. Depending on the target group, organiser and goals of rehabilitation, it can be divided into medical, vocational, social or educational rehabilitation (Pensola, Kesseli, Shemeikka, Rinne & Notkola 2012, 12). The main aim of rehabilitation are focusing on improving physical, mental and social health and well-being of individuals, promoting their life-management skills and participation in the surrounding society, as well as to support the formation and development of work and study -related skills, for instance (Sosiaali- ja terveystieteiden ministeriö, Järvikoski 2013).

In addition to individual-focused activities, rehabilitation services utilise a wide range of professional, environmental and community-focused activities (Sosiaali- ja terveysministeriö 2007, Laukkala, Tuisku, Fransman & Vormo 2015, Terveyden ja hyvinvoinnin laitos 2020). Many of the above-mentioned factors, such as client-orientation and inclusive activities, are enshrined in the Social Welfare Act (Finland 2014 §4) and social services ethics guidelines (Talentia 2017, 36-37), however, it is equally important to pay attention to the frameworks and methods implemented in work in order to ensure and safeguard the client's interest in practice.

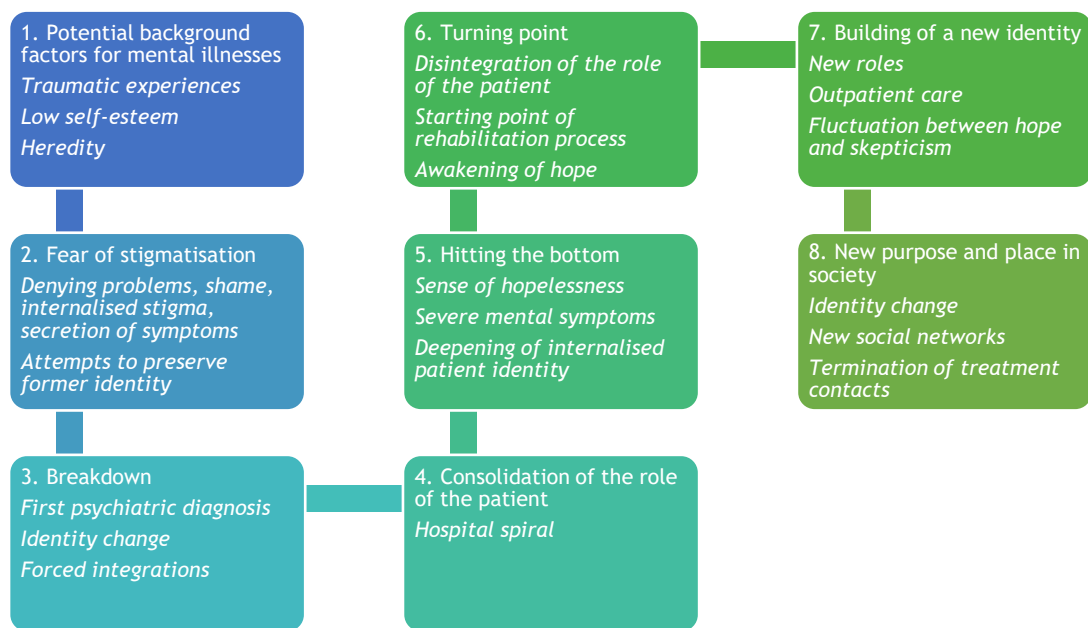


Figure 2: Stages of mental illness development and rehabilitation, simplified process. Unadorned version adapted from Rissanen 2015 65-162.

In regard to this thesis, I find it rather essential and relevant to point out that the target group of the final product consists of individuals who are on the last three stages of the rehabilitation process as described by Rissanen (2015).

5 Recovery Approach

“That is what they are, the basis for recovery orientation: connection and hope.”

-Toipuva Mieli, Raivio&Raivio 2020

The frame of reference utilised in the final product, i.e., the nature guide booklet, as well as factors influencing it will be defined and described in this chapter.

Today, the so-called recovery approach is gaining prominence in the social and health care sectors. There is no established translation of the word recovery into Finnish yet, apart from 'toipuminen', however, in general, recovery orientation in the Finnish service system refers to a frame of reference that emphasises five interconnected elements: individual's interpersonal resources, social inclusion, hope, meaningfulness in life and positive mental health (Nordling 2018). I will later return to define these five dimensions. However, attention should be first paid into the fact that the recovery approach is not referring into recovery as a clinical process (recovery from) but instead, to an individual's right to a good and meaningful life despite mental illnesses and disorders (recovery in) (Davidson & Roe 2007). Thus, in the recovery in-model, recovery does not mean remission of symptoms, and its main goal is not necessarily to the rehabilitees' return to the so-called 'normal daily life in the society'.

Instead, recovery can be seen as a continuum that differs between individuals. Instead of recovering clinically, overcoming the potential effects of mental illnesses, such as unemployment, social exclusion, or poverty, despite the illnesses and disorders, can be seen as more relevant objectives in the recovery in -model (Davidson & Roe 2007). In practice, the recovery orientation is reflected, among other things, in the fact that professionals do not seek to dictate the thoughts and actions of rehabilitees, but instead encourage them to make their own choices and find their own resources in different situations.

Similar to Nordling's findings mentioned above, other researchers have made similar conclusions about the main dimensions of the recovery approach. In their article *Conceptual framework for personal recovery in mental health: systematic re-view and narrative synthesis* (2011) Leamy, Bird, Le Boutillier, Williams and Slade propose five processes of recovery, those being sequentially as follows: connectedness (internal sense of belonging, positive relationships and networks); hope and optimism about the future (inner motivation, development of dreams and personal aspirations, trust in possibility of personal recovery); identity (overcoming stigma and labelling, realisation of and redefining positive sense of identity); meaningfulness in life (enhanced sense regarding the quality of life); and empowerment and positive mental health (life-management skills and personal responsibility in different life-dimensions). I will briefly explain what each of these elements refer to in the context of recovery approach.

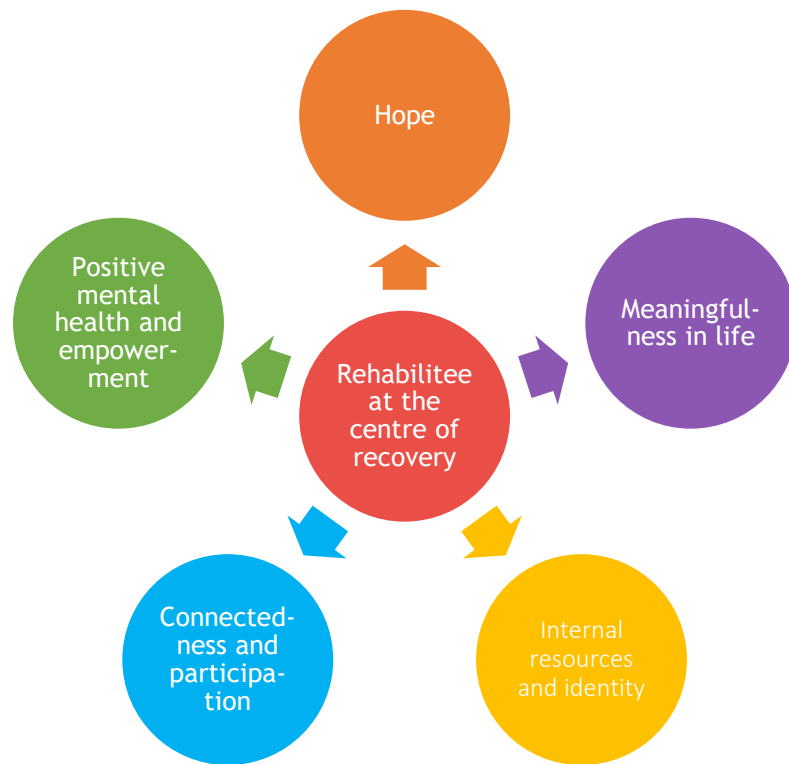


Figure 3: Following Leamy et al. (2011): interconnection between the five dimensions of recovery approach and a rehabilitee.

Despite the everyday challenges, every individual deserves the opportunity for a good and meaningful life. The sense of meaningfulness in life is guided by various factors, one of which Markus and Jouko Raivio in their book *Toipuva mieli* (2020, 30) name hope as. Hope reflects our needs as human beings. Indeed, hope plays a central role in human life, and often the rehabilitation process of a mental health rehabilitee is built primarily on it. Hope can act as a flame of dreams, which in turn, in the midst of everyday challenges, can contribute to the process of empowerment (Dawson et al. 2014). By having hope, the aim is not to ignore the subjective challenges experienced by those with mental illnesses and disorders, but instead to support people through difficult times. Dreams are unique, hope universal. Having hope and dreams often result in having a sense of meaningfulness in life. That in turn may result in individuals finding it easier to take back control of their lives and direct their gazes towards recovery and future. In fact, meaningfulness is one of the key forms of internal motivation; when a person finds what they are doing to be strongly meaningful, it might also result in them engaging in the rehabilitation process in a more motivated way (Nordling 2018). As mentioned previously, the main objective of the recovery approach does not translate into recovering as a clinical term, and therefore, neither the sense of meaningfulness in life should be built on whether individuals are or become cured of their illnesses, but rather it should reflect the development of new meaning in their life- and its intrinsic value. According to the recovery approach, the client becomes an important part of the planning of his/her/their own treatment

and thus, the client relationship becomes more co-operational by nature. The client is consulted, and his/her/their opinions are taken into account in planning and decision-making processes. This perspective is important and corresponds to the obligations of Act on the Status and Rights of Social Welfare Clients (Finland 2000, §8) which determines the client's sovereignty and involvement.

In the recovery orientation, the individual is at the center of his/her/their own rehabilitation process holistically, and not through his/her/their diagnoses. It is therefore vital that rehabilitees do not identify themselves through their diagnoses but are able to create a more comprehensive understanding of themselves and their internal resources. In addition to internal factors, attention must be paid to the external ones. When professionals encourage the clients to focus on their internal strengths and potential rather than on the possible, internal or external limitations and obstacles, the clients might more likely start utilising available resources and explore new opportunities in their lives. Encouragement may thus evoke the clients' curiosity towards life and towards their own identity beyond diagnosis (Leamy et al. 2011).

To connect is to participate in the world surrounding us and that inside us -yet mental health rehabilitees may often feel unwelcomed in the society around them, and sometimes even in their own inner worlds. Having positive experiences of interacting with others may be crucial for finding the motivation needed in recovery process. Unfortunately, mental health rehabilitees are often faced with stigmatisation and labelling, which can set the threshold for seeking help higher. For example, the Mental Health Barometer commissioned by Mielenterveyden keskusliitto (2019) shows that nearly one in two people with mental illnesses and disorders feel labelled and stigmatised due to their illnesses, while 33 percent said they were ashamed to seek treatment for mental illnesses, and 34 percent of interviewees felt ashamed to tell other people about their mental illnesses (Mielenterveyden keskusliitto 2019, 15). The recovery approach on the other hand, focuses not only on tackling down stigma, but it also aims to take the next step by supporting the individuals' sense of belonging in their surrounding society despite the illnesses (Leamy et al. 2011). Sense of belonging and participation may consequently result in increased social inclusion. Simply put, social inclusion refers to the interconnection between the individual and his/her/their communities and society. It manifests in the individuals' sense of belonging to different entireties, as part of which the individuals may be able to utilise different sources of well-being that could ultimately increase their positive perception of meaningfulness of life. (Isola, Kaartinen, Leemann, Lääperi, Valtari, & Keto-Tokoi 2017).

With hope, dreams, and the sense of meaningfulness in life, individuals can begin to gain control of their lives. During the recovery process, an individual may receive support from loved ones and professionals, but above all, it is important to develop and utilise the individual's own

internal resources and skills. By doing so, the perception of one's own abilities begins to take shape through positivity, which in turn can be empowering. Meaningfulness leads to caring and caring to assuming responsibility for individuals themselves. Developing these resources is a never-ending continuum during which the sense of positive mental health may also start to develop.

Positive mental health refers to a variety of psychological resources, such as psychological resilience, and other resources that individuals can develop and utilise during their lifetime (World Health Organisation 2004, 19, Seow, Vaingankar, Abdin, Sambasivam, Jeyagurunathan, Pang, Chong & Subramaniam 2015). It can therefore be concluded that a person's individual characteristics and choices, may contribute to the formation and development of positive mental health. However, Sohlman et al. (2005) argue that macro-level phenomena can also have an impact on its development. Positive mental health, therefore, despite its connotation, does not mean that individuals do not also face challenging issues and situations in their daily lives, but rather that addressing and responding to challenges does not cause long-term or chronic disruption to their lives.

6 Nature in social services

"In nature, nothing is perfect, and everything is perfect. Trees can be contorted, bent in weird ways, and they're still beautiful."

-Alice Walker

After exploring the relevant mental health services and the chosen frame of reference, I will finally focus on describing the significance of nature-based methods in the fields of social and health care. Equal to previous chapters, I shall cover relevant background elements, schools of thought as well as their implementation in practice.

As the novelist, feminist and vocal advocate for human rights Alice Walker (as cited in Vikram 2011, 2) beautifully demonstrates in the aforementioned quotation, there are at least as many interpretations of nature as there are interpreters. Indeed, nature has a subjective meaning to many individuals. It may include various memories related to it, biological, environmental and geographical elements that can be eagerly observed, such as flora and fauna, weather phenomena, different soundscapes, scents, aroma et cetera. In addition, the concept of environment, which is often overlapping with nature, can cover both the modern and urban living conditions as well as the concept of rural environment and wilderness. Depending on the individual, nature may hold an intrinsic or instrumental value which may affect the way people perceive the reciprocity between themselves and it. On the societal level, too, nature has been perceived largely through the values mentioned above, which have been to a large extent

depending on and shaped by the prevailing norms, beliefs and attitudes of the individuals. For example, the focus could be on analysing both the direct and indirect health or socioeconomic related impacts of nature or environmental change on individuals and societies (Valkonen 2010).

6.1 Environmental and ecopsychology

Interestingly enough, as implied in the previous section, there appear to be different schools of thought in regard to human beings' connection with nature. Whereas environmental psychology studies the impact of the built environment on human health and well-being, ecopsychology focuses on the relationship between human beings and nature. In environmental psychology, even though human beings are considered to interact with the environment, they are nevertheless seen as separate two concepts. Thus, nature is not clearly given an intrinsic value and is not necessarily seen as a basic human need, but rather as a commodity equated with recreational and cultural events, for example (Korpela 2010, Tam & Milfont 2020).

In eco-psychology, on the other hand, human beings are seen as part of nature and consequently, the well-being of nature and human beings are also seen to go hand in hand. Also, according to the approach, environmental difficulties and challenges produce social problems and vice versa. An example of this could be global warming, which is seen to lead to lack of basic supplies such as clear water and food, which could have both direct and indirect impact on the well-being and health of the people. (Matthies, Närhi, & Ward 2001, Salonen 2010, Sempik, Hine, & Wilcox 2010). What comes to the final product i.e., the guide booklet, I chose to focus on eco-psychological approach and methods related to it in this thesis, as I find it important that human beings are being considered inseparable from the nature around us.

6.2 Utilisation of nature in Finnish mental health work

As mentioned earlier in this thesis, some of the most noteworthy challenges to well-being and health in Finnish society are arguably the aging of the population, and the increase mental illnesses and disorders. Among clinical and psychological prevention and rehabilitation services, the utilisation of, for example, nature-based services has been gaining ground in the Finnish social welfare as well as educational establishments for a rather long period of time. In fact, nature and greenspaces may have significant effects on physiological and psychological well-being of individuals and thus, they can be used to improve health, holistically speaking. For example, physical exercising in nature may lower elevated blood pressure and muscle tension. Similarly, the number of stress hormone cortisol decrease while the number of white blood cells that improve general resistance in the blood increases. (Sitra 2013.)

The positive effects of nature and greenspaces on well-being and health are not solely focusing on stress reduction. The positive effects may also be seen on increased participation and social

inclusion, self-determination, self-confidence, and subjective vitality. Nature can also trigger deeper reflections in a person, helping individuals to understand that they are part of a larger entity, the surrounding nature. Thus, nature can be seen to also promote individuals' self-acceptance and increase their sense of purpose in life. The idea of human beings being interconnected with nature, in turn, follows the basic principles of ecopsychology. (Korpela & Ylén 2007, Abraham, Sommerhalder & Abel 2010, Brymer, Cuddihy, & Sharma-Brymer 2010.)

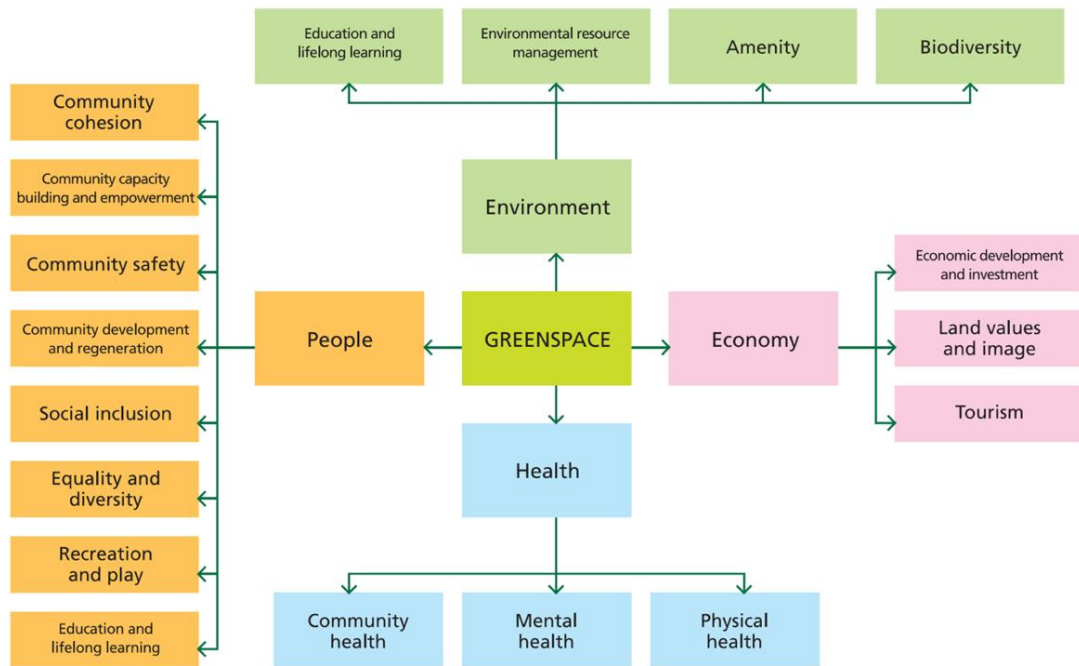


Figure 4: Greenspaces' impact on well-being via four main dimensions and relevant sub-dimensions. © Greenspace Scotland, Health Impact Assessment of Greenspace 2008.

6.3 Green Care

Perhaps the most commonly used nature-based methods in the field of social services consists of those of Green Care. The concept of Green Care was first introduced in Finland quite recently, in 2008 (Soini, Ilmarinen, Yli-Viikari & Kirveennummi 2011). As an umbrella term, Green Care covers a plenty of ways in which nature-based methods are being implemented in social welfare and health care establishments. Consequently, Green Care methods can be utilised in different types of environments, such as in gardens, greenhouses, farms and woods, but may also be practiced in more urban environments and even indoors (Berget, Lidfors, Pálsdóttir, Soini & Thodberg 2018).

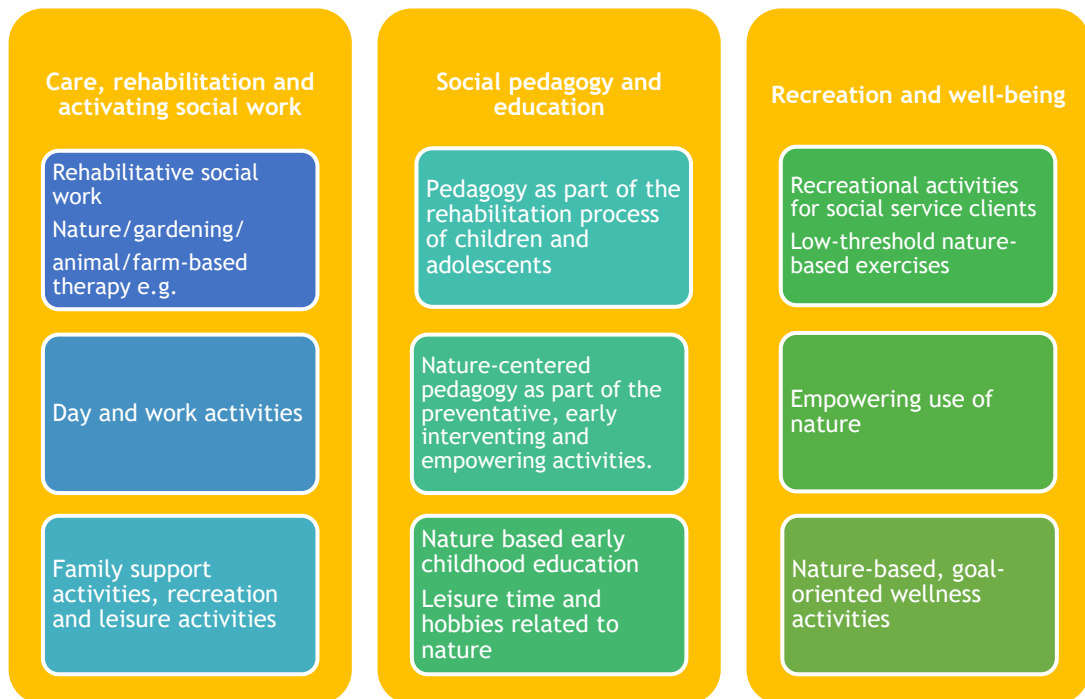


Figure 5: Green Care: Types of services. ©MTT VoiMaa! Project. Vehmasto, 2014. Translations mine.

The client groups utilising Green Care services often consists of people at the risk of social exclusion or of who are in a need of mental health and rehabilitation services, for instance. However, applying Green Care services in pedagogical work as well as in geriatrics, for example, has also become fairly common (Sempik et al. 2010). Thus, it is fair to state that such services could function well in both preventative social services as well as in hard reduction and rehabilitation services.

The well-being effects of Green Care methods arise through the revitalisation impact of nature and the activities as well as community associated with it.

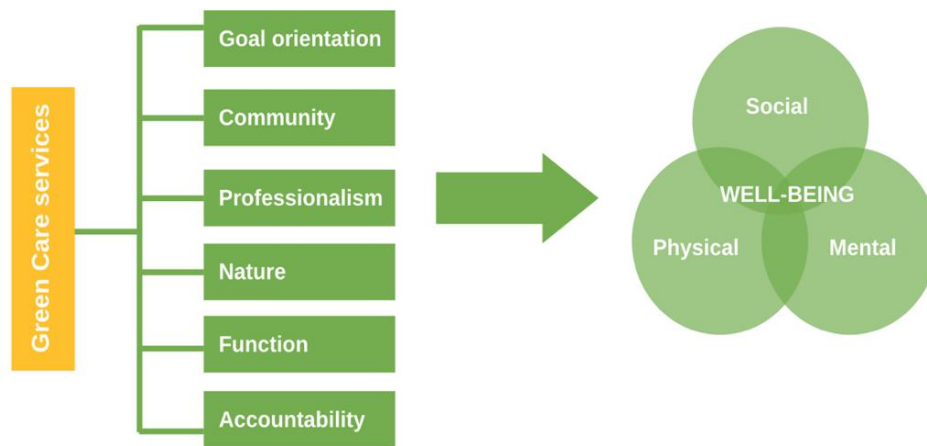


Figure 6: Causality between Green Care services and well-being. ©MTT VoiMaa! Project. Vehmasto & Soini 2014. Translations mine.

It is also noteworthy to point out that Green Care services should be practiced in a goal-oriented and professional manner. In other words, as Green Care services are mainly organised by and based on social welfare and health care work as well as pedagogical work, suitable education in the aforementioned fields or cooperation with qualified professionals can be considered as prerequisites (Rappe & Malin 2010, Soini et al. 2011). Due to the increased number of Green Care-based services being produced in Finland since its introduction, a need to maintain and develop the quality of such services via Green Care certificate has also been acknowledged (Green Care Finland n.d.).

7 Senses and multisensory processing of information

As the final product focuses on multisensory nature-based exercises and observations, attention should first be paid to the main senses and their basic functions, which are briefly defined and explored in this section. People use mostly five basic senses in their daily lives, namely sight, hearing, smell, taste and touch. Sensory perceptions formed by the senses are sensations and experiences that arise from stimuli coming from one's own body or are caused by external factors, such as touch, lights, or scents. Sensory experiences are individual, and thus the same sensations could have different effects on different people. The sensory system selects important information and simultaneously cuts off irrelevant one that comes flooding from the external factors and environment from time to time (Keeley 2001). The senses aim to provide comprehensive, relevant information about the surrounding environment. The senses of sight,

hearing, and smell produce primary information about the environment, helping to refine sensory information (Keeley 2001, Wixted 2018). Sensory perceptions improve motoric skills and help to indicate about the compositions and temperature of different materials, for instance (Wolfe, Kluender, Levi, Bartoshuk, Herz, Klatzky, & Merfeld 2012, Wixted 2018). In addition, equilibrioception informs about movement, gravity, and changes in posture (Wolfe et al. 2012).

The functioning of emotion regulation system is strongly influenced by the environment and the senses. Strong sensations can cause stress, which in turn can be caused not only by environmental factors but also as a result of individual characteristics such as temperament. The sense of touch, auditory and visual senses, as well as the sense of smell and taste can also create a calming effect - for example, a calming touch can cause one's heart rate to slow down and breathing to deepen, and some colours, such as yellow, green and blue may have positive and calming effects on people. This applies to different environments; both natural and built. Hence, being in nature can have therapeutic effects on individuals even without thoroughly planned activities. Positive sensory experiences, in turn, can encourage individuals to seek out moments of shared sensory experience and interaction. (Best 2017 199, Hedblom, Gunnarsson, Iravani, Knez, Schaefer, Thorsson, & Lundström 2019.)

7.1 Concept of multisensory

People's perception of the world around them is primarily produced through the aforementioned basic senses, as multisensory information. Simply put, the concept of multisensory refers to the simultaneous use of multiple senses under specific circumstances. Multisensory perceptions ensure more accurate identifications of objects and environmental factors when the brain integrates the information transmitted by different senses into a coherent entity. Compared to unisensory signals, when different senses transmit perceptual information simultaneously, individuals may form more accurate general view of their surrounding environments, which in turn has been found to improve and accelerate their general performance (Shi & Müller 2013, Murray, Lelo de Larrea-Mancera, Glicksohn, Shams & Seitz 2019). The importance of sensory cooperation is also emphasised when one of the senses is absent or deteriorating, as a result of, for example aging, disability or an illness. As such, the importance of the senses touch and hearing can become essential for people with visual impairments, for instance (Soto-Faraco & Kingstone 2004).

Multisensory-based approaches are also becoming more current in the field of social and health care. Multisensory approach is being incorporated into already available methods, and at the same time as a separate concept, multisensory therapy, is becoming more common among different client groups. According to Baker, Bell, Thomas, Assey, and Wareing (2001, 82), multisensory therapy refers to therapy provided to clients by using a variety of sensory stimuli,

such as lights, music, aromas, and tactile material. Stimulation of basic senses can also be done indoors in multisensory facilities that are specifically designed to create different sensory experiences. Whereas the natural environment includes all the natural factors observable in the environment, the situation in the built environment is often quite different: the environment consists of many artificial factors which, however, may produce comprehensive sensory stimuli. Investing in planning such facilities properly could pay back the work especially when people with deteriorating senses are granted an opportunity for utilising their senses comprehensively (Baker et al. 2001).

8 Multisensory nature guide booklet

In this section, I will focus on describing the process of designing and implementing a multisensory nature guide booklet as well as on feedback concerning it.



Figure 7: An approximate description of the course of the stages of development process

8.1 Design and planning of the guide booklet

The idea to design and produce a multi-sensory nature guide booklet arose for the first time during my second internship, which took place in the field of mental health rehabilitation services. During the internship, I was granted with an opportunity to plan and implement nature-based activities with the target group, which they found meaningful and pleasant. The experience functioned as an essential source of inspiration for combining mental health rehabilitation work with nature-based methods, which was also seen needed among the clients and personnel. In July 2020, acknowledging nature's potential in social services, I started brainstorming ideas and potential themes related to it, which the potential target group could find useful and interesting. I wanted to create something concrete for practical use and thus, producing a guide booklet seemed like a logical option. As nature is primarily perceived through senses, and utilisation of basic senses is somewhat a shared resource among individuals, applying the concept of multisensory in the context of nature-themed guide booklet felt fairly reasonable.

After confirming the potential topic and idea for the thesis, I decided to search for a potential working life partner. I had done my second internship at Niemikotisäätiö, and found the values, ethical principles and the used framework suitable, and therefore proposed Niemikotisäätiö's day activity center in Malmi for cooperation in July 2020. Fortunately, one of the key modes of action and consequently, methods of rehabilitation at the centre focus on promoting well-being through nature-based activities and exercises, as it has been seen needed and relevant among both the clients and personnel (Niemikotisäätiö 2019b). As the need for nature-based activities was justified and acknowledged by the personnel, the supervisor at the day activity center gave green light to my proposal, as a result of which I began to deepen my understanding of the chosen topics through relevant literature.

Ideally, I would have wanted to develop the content of the guide booklet together with the target group. However, due to the current global pandemic, that option was ruled out. I shall later in this chapter explain the roots and causes related to such decision. It is also important to point out that regarding this thesis, the guide booklet was not a commissioned work ordered by Niemikotisäätiö. Thus, in practice, having a working life partner meant that I planned, designed and implemented the guide booklet by myself between September and October 2020, and received valuable feedback regarding it from the day activity centre's personnel.

8.2 Content

I shall next provide more in-depth explanations regarding the content and layout of the guide booklet, i.e., how the raw plan concerning the guide booklet was turned into a concrete product. Based on the factors mentioned above, regarding the guide booklet, I would first need to deepen my understanding of nature-based methods, multisensory and recovery approach in

mental health rehabilitation work, the results of which I aimed at presenting in the written part of this thesis accordingly. Thus, the guide booklet's information parts consist of the theoretical part of this thesis, more specifically of the chosen frame of reference as well as information about the senses, which I have summarised in a more reader-friendly form. Since the recovery approach sets the client at the centre of his/her/their own recovery process, I found it relevant to tailor the booklet primarily for the clients' personal use -although relatives and other close ones, as well as professionals are naturally welcome to utilise it for group activities et cetera, if wanted.

8.2.1 Application of Recovery approach in the guide booklet

As Niemikotisäätiö utilises recovery approach as a frame of reference, applying it accordingly in the guide booklet was, I found, well-argued. Special importance was paid in inclusion and participation. I found it important that no special abilities or tools would be recognised as prerequisites for performing the exercises, but instead, the individual's current state and skills should serve as a sufficient basis for exercises, by simply utilising the basic senses. In other words, I wanted the exercises to focus on a commonly shared resource i.e., sensory function, as due to its innate nature, utilising it does not often require any special skills. The exercises have their roots in my own observations and thoughts on nature as well as in the researched theoretical background on sensory function, which, I would argue, are reasonably understandable and logical.

The guide booklet also aims to encourage the reader towards self-reflection, which aims to increase the reader's awareness of his/her/their internal resources. In practice, this translates into the purpose of the guide booklet not being dictating the actions and thoughts of the reader too much, but rather to awake the reader's own interest and curiosity towards the chosen topics, which could ultimately lead to the reader choosing for him/her/themselves which sections fit well for him/her/them. I aimed to keep the tone of the texts encouraging, as maintaining hope as well as supporting the development of dreams and inner resources are seen central to the recovery approach (Leamy et al. 2011). Also, the concept of meaningfulness in life, which is one of the cornerstones of recovery approach, could be manifested through the positive effect nature may have on individuals regardless of potential disorders and illnesses.

LUONTO SISÄTILOISSA: AURINKO

Talvella luonnonvalon määrä on muita vuodenaikoja vähäisempää. Aamuaurinko nousee päivä päivältä myöhemmin seuraksemme aina talvipäivänseisaukseen asti. Sen jälkeen päivät alkavat jälleen pidentyä ja kevät tehdä hitaasti tuloaan.

Vaikka aurinko viipyy vielä sydäntalvella luonamme varsin lyhyen ajan, on sen jokainen säde lupaus valoisimmista ajoista.

Figure 8: Ending text on a positive note could help to maintain hopefulness. Example from the guide booklet.

In the justification of the chosen themes, it is worth explaining how the client him/her/themselves may benefit if acting according to the instructions or guidelines, as usually one's own benefit is one of the most inspiring justifications of action (Hyvärinen 2005). It is equally important to pay attention to the language and structure of the content. In other words, what matters is not only what is being said but also, how it is being said (Torkkola, Heikkinen & Tiainen 2002.) As for the layout of the text, in respect to the recovery orientation, I decided not to use listing in the main texts, as on lists, using imperative words and sentences is rather common. As I explained in the chapter on mental health care, clinicality has prevailed in mental health work for decades, which also reflects the internalised perceptions of the target group about themselves as part of the social and welfare system. To put it simply, based on the traditional clinical-focused mental health work, when regulations come from above, they must be followed, or else, sanctions may follow (Pietikäinen 2013).

Such contradicts the recovery approach to a large extent. Considering the target group as well as the recovery approach, I found it important to support and encourage the readers to ponder the topics by themselves instead of using a method that could reflect a more rule-oriented approaches. As I have mentioned above, the texts should aim to awake the reader's own motivation and interest towards the chosen topics. While on one hand, lists may arguably clarify text, on the other hand, their use could leave little room for the utilisation of the readers own imagination and deduction skills. Having said that, I did use listing only when I found it relevant enough, i.e., when talking about freedom to roam and hiking rules for instance. I decided to add information regarding rights and obligations concerning nature, as I found it essential that, in addition to the reader, nature itself would also be considered valuable. Although such rights

and regulations are not defined by law in Finland, they often have a direct connection to the rules defined by legislation and thus, their prompts and provisions apply equally to everyone.



Figure 9: Regarding prompts and provisions, using imperative words and lists functions well. Page from the guide booklet.

8.2.2 Inclusion and participation

As most of the activities and exercises of the day activity centre take place in the capital region, and as the final product is primarily designed for the use of mental health rehabilitees in the capital region in general, I decided to focus on nature-based exercises which could be applied in the same domain. When designing the guide booklet, considering the target group and the current COVID-19, I found it important to include a section on sensing nature indoors as part of it. As mentioned earlier in the section on recovery orientation, social inclusion and connectedness are relating to the interconnection between the individuals, communities, and the society. It is particularly important to take into account the barriers and thresholds of social inclusion in mental health work. The risk factors for social exclusion and the need for change must be identified. According to the Social Welfare Act (Finland 2014, §1) social services professional must strive to reduce inequality and promote social inclusion of their clients.

In the context of the target group of this thesis, sometimes, due to the sum of both external and internal factors, coping in everyday life may be so difficult and challenging that the individual might lack the needed resources to for example, get out of the bed by themselves or to go grocery shopping, let alone go out into nature.

External factors, such as weather-related changes or inadequate public transportation or budgeting could also raise the threshold for accessing nature. Also, during the current pandemic, many services designed and tailored for the target group may be closed, and replacement services may not have been available or provided. As social support decreases in everyday life, some of the target group may face a decline in social interaction, which in turn may have a negative impact on their perceived, subjective well-being. However, observing and enjoying nature should first and foremost be a fundamental right for all, something that should be accessible to each and every one regardless of their societal status or position. Among the guide booklet's exercises, in regard to those taking place indoors, I decided to use the word 'indoors' instead of 'home' on purpose, as some rehabilitees may sometimes spend long periods of time in hospitals, etc. and thus, I felt that the word 'indoors' could better cover a variety of different potential circumstances.

8.2.3 Biophilic design

While nature is mostly being studied and observed outdoors, it is also possible to access it indoors. With today's industrialisation, people are arguably spending relatively much time indoors. However, the presence of nature has not been completely forgotten, which is reflected, for example, through biophilia. In its current form, biophilia has its roots in Edward O. Wilson's (1984) theory, which emphasises human beings innate need to connect with nature -by benefiting from natural conditions that positively affect physical, social, and psychological well-being. In their article *The Practice of Biophilic Design*, Stephen Kellert and Elizabeth Calabrese (2015) argue that by applying biophilic design, comprehensive and stimulating experiences and attributes can be added into the existing environments. Today, for example, in indoor environment design, one can see biophilic elements and design features, such as indoor plants or green walls that are implemented in order to enhance the positive well-being of the people. At the same time, the observation of natural phenomena and other relevant elements such as rain or sunshine from indoors has also been found to have positive effects on the well-being of individuals by reducing stress and anxiety, for example. (McGee & Marshall-Baker 2015, Beemer, Stearns-Yoder, Schuldt, Kinney, Lowry, Postolache, Brenner & Hoisington 2019, Aydogan & Cerone 2020, Yin, Yuan, Arfaei, Catalano, Allen & Spengler 2020.)

Experiences and attributes of biophilic design		
Direct experience of nature <ul style="list-style-type: none"> • Light • Air • Water • Flora • Fauna • Weather phenomena • Natural landscapes and ecosystems • Fire 	Indirect experience of nature <ul style="list-style-type: none"> • Images of nature • Natural materials, shapes, forms and colours • Simulating natural light and air • Evoking nature • Age, change, and the patina of time • Natural geometries • Biomimicry 	Experience of space and place <ul style="list-style-type: none"> • Prospect and refuge • Organised complexity • Integration of parts to wholes • Transitional spaces • Mobility and wayfinding • Cultural and ecological attachment to place

Figure 10: Experiences and attributes of biophilic design. Adapted from Kellert & Calabrese 2015, 10-20.

Observing nature from indoors can, after all, be quite interesting and enjoyable. Seasons and weather phenomena can be observed from the inside, as can the spectrum of life -flora and fauna still do find their way to even the most crowded areas in Helsinki. The exercises in the guide booklet focus on very simple yet important objects such as sensing sunlight and rain. Familiarising oneself with nature while being indoors in a safe space may also feel like a less harmful option, especially if one is rather estranged from nature in general. Also, listening to and watching various nature-themed radio and TV programs, as well as reading and watching texts and images related to nature, could bring nature indoors in a sensually enjoyable way.

Healthcare facilities with biophilic design

Khoo Teck Puat Hospital and the JurongHealth Campus of Ng Teng Fong General Hospital and Jurong Community Hospital are premised on the idea that designing an environment which connects people to nature can enhance their health and well-being. With biophilic design, the hospitals enable direct contact with nature, have materials and colours representative of nature, as well as spacial features characteristic of the natural environment.



Figure 11: Biophilic design in Khoo Teck Puat Hospital in Singapore. © Choo, 2018. Straits Times International edition.

8.2.4 Language

The text of the guide booklet should be approachable: the sentences should be easy to read and understand (Hyvärinen 2005, Uotila 2019). Headings and subheadings may also play an important role in clarifying and making the text more reader friendly. For example, the main title should describe the key topic concisely and thus, make the reader interested in the content (Torkkola et al. 2002.) Another rather noteworthy point is the fact that while the written part of this functional thesis is in English, the guide booklet is in Finnish instead, as most of the members of the target group speak Finnish as their mother tongue. In the raw version of the guide booklet, I had a list of sources at the end of the booklet. My goal was to reduce the threshold of accessibility as this written part of the thesis is in English while the guide booklet is in Finnish, and thus, it may have been easier for the reader to further search material related to the chosen topics in Finnish if needed. The introduction of the raw version to the personnel of the day activity centre, however, resulted in consensus of not to adding such list in the end.

While developing the booklet, I found myself becoming blind to my own writings, and thus, receiving feedback during the development process became rather important. Among other things, the following example illustrates how the feedback and suggestions I received from my supervising teacher concerning the layout of the booklet clarified and changed the appearance of the entire slide for better:

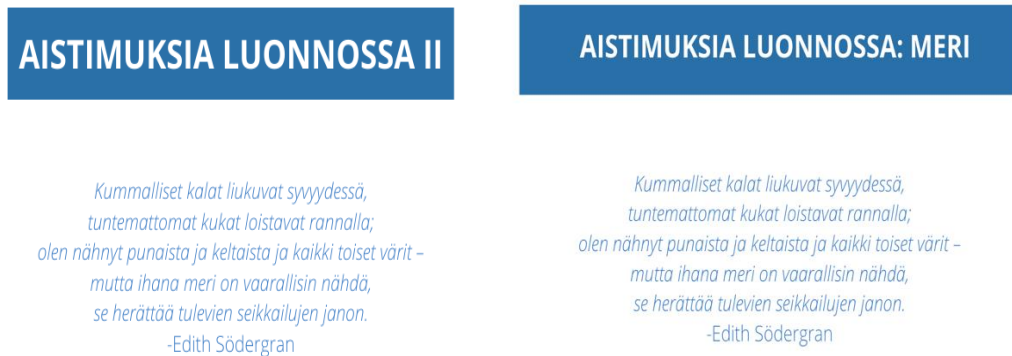


Figure 12: Instead of using roman numerals, describing the slide with a word or a sentence creates a more comprehensive picture to the reader about the topic being discussed.

As Figure 12 simultaneously implies, I also selected poems for the guide booklet as well as part of lyrics of a certain song. Knowing that the target group would have art and music-based activities at the Malmi day activity centre, I found applying such concepts the client group were familiar with as part of the guide booklet reasonable. The selection of the poems was simply a result of finding their themes to fit well into the multisensory nature guide booklet. Same applied to the chosen lyrics. Although I personally felt that the original, Swedish version of Södergran's poem would better describe the message of the poet, I ended up selecting the Finnish version, as a large part of the target group speaks Finnish as their mother tongue. Leinonen's poem, on the other hand, was selected on the basis that I felt that it describes well the beauty of nature exactly as it presents itself to people, as untreated yet as the embodiment of perfection. On that note, it is also noteworthy to point out that the descriptions in the guide booklet may also echo my subjective appreciation of nature, which, however, aims at following the factual information. I am also using relevant figures of speech and metaphors, while still aiming at keeping the text reader-friendly and legible.

8.3 Layout

The guide booklet is visual. The appearance of the text has an effect on whether interest in reading the text arises, and on how far it will last. Good layout also promotes comprehension of the text. For example, the choice of font matters and it should stand out well from the rest of the background. (Leskelä & Virtanen 2005, Leskelä 2019.) Images and photos are also

important part of the booklet: they help to awake the reader's interest and can ideally also support and complement the written text. Captions help to interpret and clarify the used images and should therefore not be omitted. It is also important to remember that copyrights that affect the use of images may not be copied and used without permission (Söderlund 2005, Finland 1961, § 49a).

I decided to create the visual part of the guide booklet by using CANVA website. The visual look was also formed with the help of the researched information. I first studied the effects of colours on people as mentioned above, and based on the information I gathered, I chose colours as the fonts of the texts which have been found to have positive effects on individuals. As explained earlier in this thesis, objects from, and landscapes of nature as well as the colours of blue and green may have calming effects on people (Abraham et al. 2010, Best 2017). I also chose the shades of colours that would stand out well against a white background, and thus, make it possibly easier to read the text.



Figure 13: An example of a used cool-toned colour palette in the guide booklet.

I used different nature-themed photos I have taken, which, repeated the soothing colour themes of brown, green and blue. Some of the images are close-ups, where the focus may be

on a particular thing or object, while other images I have selected are of landscapes. For budget-related reasons, I used primarily an action camera as well as smartphone for taking the pictures, and system camera whenever I had the opportunity. Thus, the quality of the pictures may not have always been ideal, however, it is still reasonably good considering the file formats being used. By using photos taken by me, I can successfully avoid any possible copyrights violation et cetera concerning them.

Ultimately, the final version of the multisensory nature guide booklet contains the following sections: general information about nature in Finland and the Helsinki metropolitan area, a list of relevant nature locations in the capital region which are accessible for the target group, information on the positive health and well-being effects of nature, multisensory exercises to be carried out both outdoors and indoors, information on good hiking practices and on freedom to roam.

8.4 Feedback evaluation

Potential obstacles and areas for development should also be assessed and addressed during the entire process of writing thesis and its components (Vilkkä & Airaksinen 2003, Vilkkä 2007). While writing this thesis, I did face several challenges, the most significant of which, however, was the current global pandemic COVID-19. Firstly, as mentioned earlier, my preliminary aim was to design the content of the guide booklet together with the potential target group, as it was first and foremost designed and tailored for their use. Secondly, I would have organized planned activities together with the target group based on the content of the guide booklet. Thirdly, part of my preliminary plan was to use a client-focused questionnaire for the evaluation process of the guide booklet, that would have included multiple-choice questions about the potential benefits of the exercises and info-kits in the booklet. Also, I would have planned a questionnaire for evaluating the layout and content of the guide booklet. In addition, my aim was to collect oral feedback from the clients.

However, in light of the current circumstances, the mentioned three stages of my preliminary plan were omitted, which resulted not only in designing the content and layout and implementing gained knowledge to the guide booklet by myself, but also in the potential activities as well as client-based feedback survey or interviews being ruled out. Having said that, taking COVID-19 into account, I did find ensuring the safety of the target group much more valuable than focusing on whether or not I would receive feedback on the final product. Thus, the focus turned to collecting feedback from the personnel instead. Therefore, creating a feedback questionnaire regarding the guide booklet and sending it beforehand to the personnel became relevant. I would introduce the guide booklet to the personnel and receive feedback from them regarding it orally and via feedback questionnaire. In addition, as mentioned earlier, I did receive valuable suggestions regarding the guide booklet's layout from

my supervising teacher, too. Also, I find it relevant to highlight the fact that while the guide booklet is tailored for the use of mental health rehabilitees, more specifically for rehabilitees at the day activity centre who are somewhat at the very end of their recovery process, it may not reach out those who are at the very early stages of their recovery process, as the guide booklet does not provide answers to basic needs of individuals.

I used a semi-structured interview to collect feedback about the guide booklet. Whereas in a structured interview both the questions as well as answer options are predetermined, in a semi-structured interview only the questions are pre-planned. Hence, there is more leeway for the interviewee to bring up new ideas and perspectives. The semi-structured interview is suitable option for matters that have been relatively little studied. (Tiittula & Ruusuvuori 2005, Saaranen-Kauppinen & Puusniikka 2006.) Therefore, special attention should also be paid to the form of the questions, as there may not be possibility for clarifying supplementary questions (Tiittula, Rastas & Ruusuvuori 2005). With two social services professionals working at Malmi day activity center, collecting feedback from them became the most logical option after the decision to exclude client interviews was made. The feedback questionnaire has been sent to the personal work email addresses of the social services professionals, as I aim to ensure that the right individuals respond to the questionnaire and thus, no unethical obstacles concerning privacy are being faced. The questionnaire was produced by using Microsoft Word software and it contains six questions and two sub questions. In addition, feedback was also received orally.

The questions concern the layout and content of the guide booklet i.e., chosen themes and topics, as well as its usefulness. The first two questions focused on whether the text and visual look of the guide booklet were clear enough. Thus, the interviewee could assess for him/her/themselves whether the language being used is legible and whether the chosen colours and images et cetera are sufficiently informative and clear. The third question seeks to ascertain whether the information gathered in the guide booklet on the positive health and well-being impacts of nature was useful and whether the reader had learned something new. The fourth and fifth questions, in turn, focused on if the reader had found the information provided by the guide booklet about nature in the capital region as well as multisensory exercises useful. Finally, the interviewee was asked what kind of information about nature or multisensory he/she/they would like to add to the booklet. The purpose of the last question was also to collect information and opinions for the possible further development of the guide booklet. The purpose of the initial client feedback survey would have also been to provide concrete information to the foundation about the potential need for multisensory exercises and the possible well-being effects of nature on their clients.

I used content analysis for analysing the evaluation material received from the personnel. Content analysis can be utilised as a basic method of analysis in qualitative research. It can be used to analyse both written and oral feedback material systematically and objectively. It seeks

to obtain a description of the phenomena under study in a comprehensive and concise form. Content analysis is ideal for unstructured and semi-structured material, i.e., for analysing open-ended questions. An essential phase in the data analysis process is to read the transcribed material thoroughly and divide up the text into smaller units, in other words, into codes and group them into categories. A descriptive name should be given for the content accordingly. The formation of categories is a critical step in the content analysis process, as the researcher decides, according to his/her/their interpretation, on the basis of which different expressions belong to the same or different categories. The analysis is continued by merging subcategories with the same content and further forming them into larger categories. Depending on the quality of the data being collected and the aim of the study, even a further step could be taken by creating themes. (Erlingsson & Brysiewicz 2017, Tuomi & Sarajärvi 2018.)

The questionnaire regarding the nature guide booklet contained open-ended questions to which the respondents were free to formulate their answers to. In total, two respondents i.e., the whole personnel of the centre gave feedback concerning the booklet. While the number of respondents was rather small, it consisted of those who, I would argue, have the most qualified knowledge concerning their clients. The categorisation of the questionnaire began by dividing the feedback into codes accordingly. By combining the codes into categories, it was possible to create larger entities. This resulted in creation of two main categories, content and layout. Finally, the denominator connecting the two, which functioned as the theme was named as Usefulness of the guide booklet in practice.

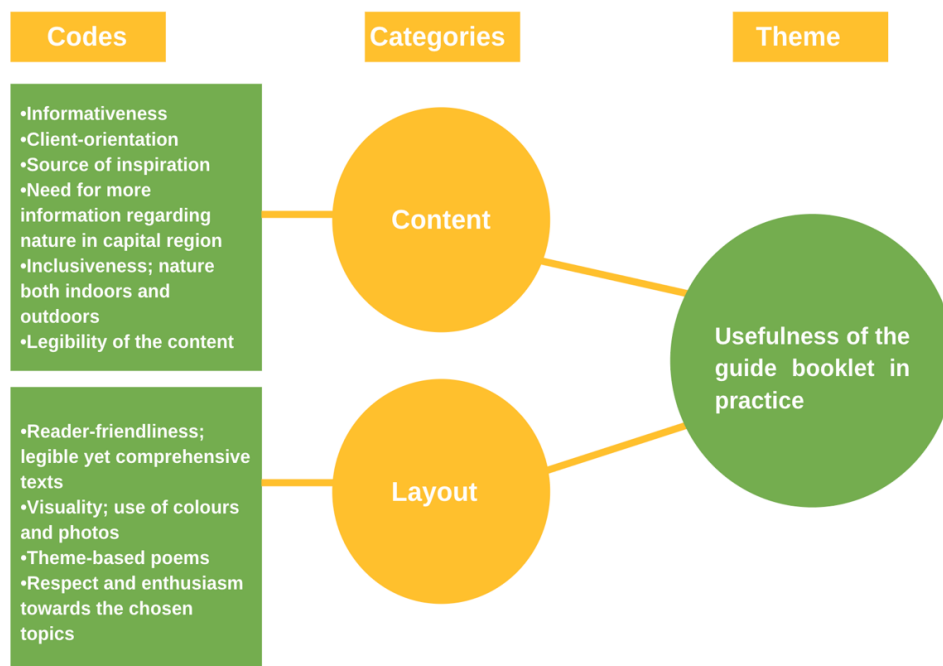


Figure 14: Identified factors affecting the usefulness of the guide booklet.

The feedback received from the personnel was valuable and constructive. The visual look of the guide booklet was perceived as inspiring and engaging. The pictures were seen as thought-provoking and stimulating. Also, the reader-friendliness of the layout and the content was emphasised, however, the need for focusing on word choices was also addressed. For example, the use of the word 'urban' was seen to raise the threshold of accessibility, as it was not considered commonly used among the target group. The exercises of the guide booklet were found to be accessible and interesting, and special importance was highlighted on those taking place indoors. Adding more information about nature locations in the capital region was also emphasised. Mellowness and warmth were said to radiate throughout the guide booklet, as well as my personal enthusiasm and respect towards nature, which was seen to resonate and spread among the readers. All in all, the guide booklet was considered useful and well-tailored for the target group and its utilisation is also planned within other units of the foundation. After receiving such valuable feedback, I was able to improve the written parts of the guide booklet accordingly, and finally, send the final version of the multisensory nature guide booklet to the representatives of the working life partner accordingly.

9 Reliability and ethics of the thesis

Ethics and reliability of the written work must be manifested throughout the planning, writing and evaluation processes of the thesis. While writing this thesis, I became acquainted with Hanna Vilkkä's (2007) guide *Tutki ja mittaa -Määrällisen tutkimuksen perusteet* as well as with relevant ethical principles and guidelines of The Finnish National Board on Research Integrity (TENK). According to Vilkkä (2007, 90), good research always follows reliable scientific practice. In other words, such things as the collection, processing and storage of the data, and the presentation of the results should not harm the privacy of the target group of the research, the scientific community or good, reliable scientific practice. Hence, respect and fairness towards people, as well as a critical examination of the collected data are some of the most noteworthy ethical cornerstones of research and development (Vilkkä 2007, Kohti tutkivaa ammattikäytäntöä 2010).

What comes to the written part of the thesis i.e., the report, I have utilised a diverse range of literature for the theoretical background and critically reviewed their correctness and relevance in regard to the chosen topics. In other words, I have aimed at using up-to-date sources consisting of relevant books, legal texts, guidelines and scientific articles, for instance. Having said that, it should be noted, however, that as the recovery orientation framework is in the process of setting in the professional and academic fields, available data concerning it is currently fairly limited. In accordance with the social services ethics guidelines (Talentia 2017), I have aimed at respecting the target group by explaining the significant differences in the terminology being used in the field of social services and purposefully used terminology that

aims to show my respect towards their autonomy and sets them at the centre of the service system. In regard to the guide booklet, as I did not collect any data concerning the clients for the analysis, I may avoid causing any possible harm towards their health and autonomy. Also, in order to minimise any possible harm caused to the personnel, I have introduced the objectives and nature of the thesis to the personnel thoroughly and sent them feedback questionnaire beforehand regarding the feedback for the guide manual. Hence, they would have time to prepare themselves and no additional resources such as time, should be wasted on my behalf. As this thesis and the final product were not a so-called commissioned work, it is possible for other individuals apart from the clients and personnel of Niemikotisäätiö to utilise the guide booklet if wanted.

When producing the guide booklet, I have been cooperating with Niemikotisäätiö's day activity centre in Malmi. The main target group of the guide booklet end-users would consist of the clients of the Niemikotisäätiö Malmi day activity center. My aim has been to produce a high-quality guide booklet, that should take into account the needs and wishes of the target group. However, due to COVID-19, I have not had the opportunity to collect data in this regard, and thus, on that part, the thesis relies solely on the collected research material and feedback collected from the personnel. My original aim was to collect feedback from the target group, however, since it was collected from the personnel instead, it is only fair to say that the success rate of the goal does not result in a high level of reliability either. Simply put, since the feedback survey or interviews could not be organised for the target group and thus the feedback consisted solely of that of the personnel, it is only fair to say that the principle of client-orientation ended up being practiced poorly, if at all. Adding to the pile, as the main objective of this thesis, that being to support the well-being of mental health rehabilitees, was not met, the final results are practically excluded from this thesis.

10 Conclusion and reflections

In this functional thesis, my aim was to support the rehabilitation process of mental health rehabilitees among the target group and simultaneously increase their knowledge of the positive effects of nature on well-being by producing a multi-sensory nature guide booklet tailored for their utilisation. The subject was considered necessary and topical both on the part of the working life partner and also at the general level in the field of social and health care. The feedback received concerning the guide booklet provides an indication of a need for nature-based methods and direction for further development.

The thesis-writing process should increase the professional growth and competences of the writer comprehensively. As the thesis should promote the student's professional growth, so should the product, too. During the thesis-writing process, I have learnt about the principles of

ethical research methods as well as about the challenges and opportunities related to them. From the point of view of a future social services professional, the thesis as a learning experience was rather bountiful. As described in the Finnish Ethical guidelines for social welfare professionals (2017), ethical principles embody values that translate into action in practice. Therefore, ethical principles are an essential part of professionalism. Concerning this thesis, one of the most essential principles is that of client-orientation. In social services field, client-orientation is realised when the client truly experiences social inclusion (Talientia 2017, 15). As a future social services professional, I need to consider what I could have done differently so that the principle would have been better implemented during the thesis-writing process - despite the current COVID-19 pandemic.

Professional ethical principles and codes do not always provide direct answers to various dilemmas, yet they do guide one to consider the relationship between the client's rights and the professional's responsibilities (Talientia 2017). I felt, given the current COVID-19, that it would not be sensible or safe to organise additional group activities or interviews, and on the other hand, the collection of electronic feedback from the target group would not have reached a large proportion of them, which in turn, could have increased inequality. While my decision has a direct negative impact on the quality of the evaluation of the guide booklet, I would argue it is justified, given the current pandemic, to put the collective safety as second to none. Therefore, I consider the weighing of my decision and the assessment of the factors influencing it to be positive for the development of my professional ethics and behaviour.

During the thesis-writing process, I was able to deepen my understanding of the ever so dynamic nature of mental health as well as of mental illnesses and disorders. Also, I have learnt new information regarding the historical background of the Finnish mental health services and methods being used, as well as of frameworks guiding them, and about the current situation in the field. Regarding to the aforesaid, my knowledge concerning recovery approach consists of the theoretical background as well as the opportunities I have been privileged to gain and apply with the same target group in practice during two internships, both lasting for ten weeks. Thus, I would argue I would have been able to fairly successfully apply the recovery approach accordingly to the preliminary plan of mine. I have also familiarised myself with plenty of nature-based methods and activities and enjoyed the development process of the final product to a great extent. Having said that, I find it very likely that there will be an increased need for nature-based methods in the fields of social and health care in general as well as mental health work due to the current, unfortunate human-caused anthropocene.

At the same time, I have pondered the situation of people with mental illnesses in Finland. On one hand, mental illnesses and disorders are discussed about more openly, but in the light of the latest statistics concerning them, it must also be addressed that there is still a lot of stigma and labelling involved at both the societal and individual levels. A positive culture of recovery

and empowerment takes a whole society to develop and sustain, and this is where especially professionals of the field of social services have their role to play as essential stakeholders and as a link between the two. Eradicating and combating negative discrimination and oppression, including within their own professions, is, above all, an essential duty of every social services professional. While writing this thesis, I came across assumptions and prejudices towards adult mental health rehabilitees, which manifested themselves primarily in words. For example, if adult mental health rehabilitees are, consciously or unconsciously, perceived as constantly unstable or even dangerous, or if they are addressed and perceived primarily as children-like, not only are the rehabilitees unfairly crammed into one box and their sense of autonomy being disrespected and belittled, but also, very little is being known about the potential illnesses and individual treatments concerning them, and about the recovery approach itself.

The combination of prejudices and lack of information with stigma can leave harsh traces in destabilised and shaken minds. It is therefore vital that professionals working in the mental health sectors are also aware of these problems and obstacles and, by following professional ethical guidelines, are prepared to challenge the injustices faced by their clients and to also reflect on their own skills and client encounters with mental health rehabilitees. Whether a person is encountered as a holistic individual, or solely through his/her/their diagnosis, is something those working in the field, as well as students, should ongoingly reflect on. As future social services professional, by actively challenging my own thinking processes and practices, I can aim to, for example, influence my client encounters in the future, engage in promoting social justice and professional ethics, and, among other individuals, promote the change towards more empathetic and holistic social services.

Finally, what comes to further research and development ideas, translating the guide booklet into Swedish and English were ideas pondered orally while receiving the feedback. I find the development idea relevant, as firstly, Swedish is the other main official language of Finland and thus, services should be available in it, and secondly, taking into account that the proportion of English-speaking clients may be growing in the capital region in the future, in order for the social services to have a low threshold of accessibility, providing services in multiple languages should be seen as a potential. Other aspect highlighted was the need for adding more information about the local nature in the capital region. While there are dozens of interesting locations to choose from, attention should be primarily paid to their accessibility. Thus, I find potential additions could include, for example, Kivinokka, Stansvik, Rhododendron park in Haaga and Laajalahti nature preserve. Also, adding information regarding nature centres, such as Haltia nature centre in Espoo and Meriharju nature house in Helsinki, could add more significance to the guide booklet.

All in all, I consider this thesis-writing process as a very bountiful learning experience -despite and due to the obstacles and challenges- which manifests itself in increased professional

knowledge and competencies of the writer and most importantly, hopefully, in fruitful and interesting experiences of the target group in the future.

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Appendices

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Appendix 1: Feedback questionnaire for the personnel

-Onko oppaan teksti kirjoitettu selkeästi?

-Onko opas visuaalisesti selkeä?

-Koetko oppaaseen kootun tiedon luonnon terveystaikutuksista hyödylliseksi? Opitko uutta?

-Koetko oppaaseen kootun tiedon lähiluonnosta ja palveluista hyödylliseksi?

-Koetko oppaaseen kootut moniaistillisuusharjoitukset hyödyllisiksi? Miksi et?

-Millaista tietoa luontoon tai moniaistisuuteen liittyen haluaisit oppaaseen lisättävän?